

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000001982

1. Entity Name

AMERICAN RIVER LOGISTICS, LTD., INC.

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90246 011 \*\*\*150.00

Principal Place of Business

1229 OLD WALT WHITMAN ROAD  
MELVILLE NY 11747

Mailing Address

1229 OLD WALT WHITMAN ROAD  
MELVILLE NY 11747

2. Principal Place of Business

SAME AS ABOVE

Suite, Apt. #, etc.

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

11-3145116

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SIGNORILE, THOMAS  
6801 WEST 12TH STREET  
JACKSONVILLE FL 32254

7. Name and Address of New Registered Agent

Name

KEENAN, RANDI

Street Address (P.O. Box Number is Not Acceptable)

4103 SPRING GROVE ROAD

City

JACKSONVILLE

FL

Zip Code

32209

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

*[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/19/01

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

|                |                            |  |
|----------------|----------------------------|--|
| TITLE          | PC                         | <input type="checkbox"/> Delete            |
| NAME           | COOK, THOMAS A             |  |
| STREET ADDRESS | 1229 OLD WALT WHITMAN ROAD |  |
| CITY-ST-ZIP    | MELVILLE NY 11747          |  |
| TITLE          | VC                         | <input type="checkbox"/> Delete            |
| NAME           | GULLOTTA, JOSEPH           |  |
| STREET ADDRESS | 1229 OLD WALT WHITMAN ROAD |  |
| CITY-ST-ZIP    | MELVILLE NY 11747          |  |
| TITLE          | V                          | <input checked="" type="checkbox"/> Delete |
| NAME           | SIGNORILE, THOMAS          |  |
| STREET ADDRESS | 6801 WEST 12TH STREET      |  |
| CITY-ST-ZIP    | JACKSONVILLE FL 33254      |  |
| TITLE          |                            | <input type="checkbox"/> Delete            |
| NAME           |                            |  |
| STREET ADDRESS |                            |  |
| CITY-ST-ZIP    |                            |  |
| TITLE          |                            | <input type="checkbox"/> Delete            |
| NAME           |                            |  |
| STREET ADDRESS |                            |  |
| CITY-ST-ZIP    |                            |  |
| TITLE          |                            | <input type="checkbox"/> Delete            |
| NAME           |                            |  |
| STREET ADDRESS |                            |  |
| CITY-ST-ZIP    |                            |  |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                        |  |
|----------------|------------------------|--|
| TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |
| TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |
| TITLE          | ASST. VICE PRESIDENT   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | KEENAN, RANDI          |  |
| STREET ADDRESS | 4103 SPRING GROVE ROAD |  |
| CITY-ST-ZIP    | JACKSONVILLE, FL 32209 |  |
| TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |
| TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |
| TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other individuals empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/19/01

Daytime Phone #

CR2E034 (10/00)